



Builder's Risk Questionnaire

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Submit Nonprofit Questionnaire and appropriate ACORD forms with this questionnaire. Use additional page to answer questions fully, if necessary.

Name of organization _____

Builder's Risk address, city, state, zip _____

Start date _____ Completion date _____ Occupancy upon completion _____

No. of stories _____ Square footage _____ Construction type _____

Hard costs \$ _____ Soft costs \$ _____ Soft costs to be insured? Yes No

Value of existing building \$ _____ Building value upon completion \$ _____

Are lien-free waivers collected at time of payouts? Yes No

Does your organization check for Workers' Compensation coverage of each worker, including those who participate in the project on-site and off-site? Yes No

Is this project new construction or the renovation or rehabilitation of an existing building? _____

If renovation or rehabilitation, will the facility be: gutted? Yes No

occupied during construction? Yes No

If occupied during construction, describe precautions taken to safeguard tenants.

Will your organization use volunteer workers? If yes, indicate number of volunteers and describe duties. Yes No

Describe how property will be secured while under construction, for example, fence, guards, lighting, etc.

Describe funding and indicate if project is fully funded.

Is your organization using a general contractor to oversee the project? Yes No

If your organization is not using a general contractor, provide the name and address of the entity overseeing the project and describe your organization's relationship with the acting general contractor/project overseer.

Attachments

Submit the following documentation with this questionnaire

- ACORD Builder's Risk Section
- General contractor/project overseer certificate of insurance
- Independent contractor certificates of insurance
- American Institute of Architects (AIA) document with insurance/indemnification wording

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declares that to the best of his or her knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

This form has been completed by

Signature

Date

Name

Title